



# PROVIDER REVIEW

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## *A Special Thank You from CMDP.....*

*As we again say good-bye to another year, I would like to take this opportunity to thank all of our health care providers for the efforts you make in providing quality care on behalf of Arizona's children in foster care. These children and those involved with the foster care system rely upon your expertise and compassion to assist them throughout the year. During this Holiday Season, I would like to express our heart-felt thanks for all you and your staff have done and continue to do for our children.*

*Thank You!*

*Kathy Taylor-Laws  
Program Administrator*

## Health Officials Issue Guidelines To Prevent Staph Infections

The Arizona Department of Health Services (ADHS) has released new guidelines to schools, athletic departments, coaches, child care centers and health care providers to help prevent the spread of staphylococcal and other skin infections.

The guidance was developed in response to increased community concerns about reports of infections, including Methicillin Resistant *Staphylococcus aureus* (MRSA), in schools.

"Most community MRSA infections are skin infections, such as pimples or boils, which can often be treated without antibiotics," said Dr. Rebecca Sunenshine Deputy State Epidemiologist. "Only rarely does community MRSA cause serious illness, such as pneumonia or bloodstream infections, and these can be avoided with early diagnosis and treatment by a healthcare provider."

ADHS does not recommend school closures due to MRSA infections. Instead, ADHS is providing schools with recommendations and educational materials to reduce the risk of spreading infection.

ADHS already has provided schools with a variety of educational materials for

parents, administrators, teachers and coaches. The materials are available on the ADHS Web site, [www.azdhs.gov](http://www.azdhs.gov). Included are the letters to school administrators and parents, fact sheets, and flyers that can be downloaded. Additional information will be added as it is developed.

"Regular hand washing is the best way to prevent staph transmission," said Dr. Sunenshine. "Getting back to the basics - using soap and water, or hand sanitizer - is essential in facilities where people work, live and play close together."

Other ways to prevent staph or MRSA skin infections:

- Keep cuts and scrapes covered with a clean, dry bandage until healed.
- Don't touch other people's wounds or bandages.
- Don't share personal items such as towels, wash cloths, bar soap, or razors.
- Don't share sports equipment. If equipment is shared, wear clothing underneath. Clean equipment and mats before and after use.
- Avoid unnecessary antibiotics.

Additional information is available at [www.azdhs.gov](http://www.azdhs.gov).

## Update ASIIS

CMDP needs your help in keeping the Arizona State Immunization Information System (ASIIS) system updated. The ASIIS system as you know is the statewide immunization records keeping system. The Arizona Revised Statute 36-135 mandates that all physicians record immunizations given to all children ages birth through 18 years in the ASIIS system. This only takes a few minutes and can prevent a child from being needlessly re-immunized, because his/her immunization history is not known. This is particularly true of children in foster care because they change placements often and their immunization records do not always accompany them. ASIIS is often the only way we can track records on these children.

ASIIS can be of great help to you in your practice. Not only can you find out about the immunization histories of your patients, but you can also print out forecasts of what immunizations are due and the time frame in which they need to be given. These can be given to the children's parents or guardians who can then partner with you in making sure their children are immunized. In addition to the regular immunizations, you can also track flu, pneumonia, PPD testing and results and much more. It is a user-friendly system and available to every physician's office.

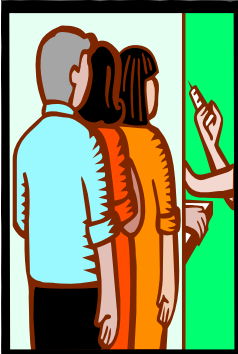
When you enter a new record on a child in foster care please enter :

- Parent/responsible party as "DES" for the name
- Name of the Health Plan as "CMDP"
- Phone number as (602) 351-2245.

This helps to prevent duplication of records when the foster parent's name changes. If you do find a duplication of records please contact Richard Bradley at ASIIS at [rbradle@hs.state.az.us](mailto:rbradle@hs.state.az.us), give him the numbers of the entries and he will merge the records.

CMDP cannot emphasize enough the importance of keeping the ASIIS system updated. Please have your office staff do this routinely. If they do not have access the system , need a sign-on, or training this can all be done through Richard Bradley at the above e-mail address. CMDP is depending on you to partner with us in keeping our children's immunizations up-to-date and we thank you for all of your efforts in helping us to keep our children healthy!

## HIB Vaccine Shortage



Merck & Co., Inc. has reported that PedvaxHIB(r) is unavailable for shipment. Based on the latest information, Merck expects PedvaxHIB(r)(PRP-OMP) to be available sometime in the first quarter of 2008. Merck reports that the exact timing is dependent upon resolution of a manufacturing issue. There are currently adequate amounts of ComVax(r)(PRP-OMP/Hepatitis B) to meet historical demand, but not to meet additional demand.

Limited amounts of PedvaxHIB(r)(PRP-OMP) will be made available from the CDC vaccine stockpile. There will not be a sufficient quantity of stockpile vaccine to meet the historical demand for the PedvaxHIB(r)(PRP-OMP). Sanofi Pasteur is working to provide additional ActHib(r)(PRP-T) to meet demand. Current estimates are that providers of Haemophilus influenzae b conjugate vaccine (Hib) will need to utilize ActHib(r) (PRP-T) for approximately one-half of their historical PedvaxHIB(r) (PRP-OMP) use for the immediate future. Orders placed beyond the available inventory of vaccine will result in backorders.

Updates of vaccine availability will be provided as more information becomes available. Information on current vaccine supply issues may be found at: <http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm#chart>

When doing your EPSDT well child visits it is important to remember that age appropriate Blood Lead Screening and TB testing must be done and recorded on the EPSDT Form that you submit to CMDP. All information on the EPSDT Screening forms are entered into a database and a recent review of Blood Lead Screening and TB Testing indicates that many opportunities are being missed. You may already be doing the testing but you are not giving yourself credit by not marking it on the form. Please be diligent in not only getting the appropriate tests done timely but also in documenting them on the EPSDT Well Child Visit form.

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## AZ Dept of Health Services: Lead poisoning Update

You have undoubtedly heard in the news about the toys manufactured in China that are coated with lead. Some toy manufacturers in China have been known to use inexpensive pigments and coatings that contain lead on toys. The problem: little kids from a month or so old to up to 2 or 3 years old often put toys in their mouths when they play with them. That causes the lead to get into their systems where it can cause life-long developmental problems ranging from a marginal (and permanent) drop in their IQ to behavioral & hearing problems, and other bad things. The solution: basically, if you have kids or grand kids in the newborn/toddler stage, you should probably test their toys with "Lead-Check" swabs that are available in the paint department of the home improvement stores.

We encourage kids to be screened for lead when they are about 12 and 24 months old- especially if they live in one of Arizona's high-risk Zip Codes. Our experience has shown that certain Zip Codes are higher risk for lead poisoning because



of the age of the houses (i.e., meaning that they were built and painted when paint contained lead) <<http://www.azdhs.gov/phs/oeh/invsurv/lead/pdf/targeted05.pdf>>. Doctors report cases to us when they find them, and our lead poisoning folks conduct investigations to find out the source <<http://azdhs.gov/phs/oeh/invsurv/lead/>>. We find about 250 cases a year or so in Arizona.

Those of you that are 40 or older that are reading this were almost certainly lead poisoned as a kid. That's because tetra-ethyl lead <[http://en.wikipedia.org/wiki/Tetraethyl\\_lead](http://en.wikipedia.org/wiki/Tetraethyl_lead)> was added to gasoline to improve performance (remember the "Fill 'er up with Ethyl" commercials). The problem was that all that lead ended up as an aerosol in the air, we inhaled it, and we all ended up with lead poisoning. Between 1973 and 1986, lead was phased out of gasoline in the US, and now there is almost no lead in US gasoline. But the damage is done for those of us over 40. Lead poisoning probably cost each of us about 5 to 10 IQ points.

## FDA Urge Warnings on Cold Medicines for Kids

Cold and cough medicines shouldn't be used by children under the age of 6 and should carry warnings that they can cause fatal overdoses in young children, U.S. safety reviewers said. Makers of the drugs said they agreed.

The Food and Drug Administration reviewers say an educational campaign should be started to alert parents that nonprescription cold medicines can lead to fatal overdoses and other side effects in young children. Between 1969 and Sept. 13, 2006, 54 children, most less than 1 year old, died from taking cold preparations with decongestants.

"There is a lot of data on adults showing these medicines are effective, but the question is whether this applies to children," said Joel Schiffenbauer, Deputy Director of the FDA's office of nonprescription products in a telephone interview today.

U.S. sales of non-prescription cough and cold remedies totaled \$3.63 billion for the 12 months through Jan. 27 according to AC Nielsen, a New York-based market research company. Sales of children's remedies totaled \$284 million. The numbers don't include sales from Wal-Mart Stores Inc., the world's largest retailer.

"We recommend that the label be changed in all OTC cough and cold medicines to read 'Do Not Use in children under 6 years of age'," the CHPA document said. Makers of cold preparations for children include Wyeth, Johnson & Johnson and

Procter & Gamble Co. More than 800 cough and cold treatments, including formulations intended for children, are available in the U.S., the agency report said.

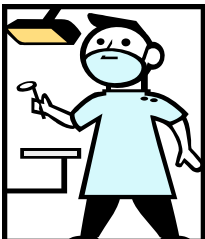
The committee meeting and the agency review were prompted by a citizen's petition submitted to the FDA in March by a group of prominent pediatricians, including Baltimore's Commissioner of Health, Joshua M. Sharfstein. The doctors say the drugs are unsafe and ineffective and asked the agency to prevent marketing of the products to children younger than 6 years.

In 2004 and 2005, an estimated 1,519 children under 2 were treated in U.S. emergency rooms because of harmful reactions to the drugs, according to a report in January from the U.S. Centers for Disease Control and Prevention in Atlanta.

The agency could take a number of different actions including recommending that children of certain ages not take the medicines or requesting studies by drug makers Schiffenbauer said. Studies in young children

would be hard to orchestrate because "children in that age group would have trouble expressing how their symptoms have been affected and how they feel," he said.





DR. C says.....

## “ The Dental Home “

By Dr. Jerry Caniglia, Dental Consultant

The medical pediatric community has promoted the concept of a medical home to improve families’ care utilization. The dental home can also be used to improve families’ access to dental care.

The American Academy of Pediatric Dentistry, American Dental Association and American Association of Public Health Dentistry currently recommend that children have their first preventive dental visit by 12 months of age.

The following is a reference from “Bright Futures in Practice: Oral Health Pocket Guide” National Maternal & Child Oral Health Resource Center:

A dental home is a comprehensive, continuously accessible, and affordable source of oral health care under the supervision of a dentist. The first visit establishes the dental home. This visit presents an opportunity to implement preventive health practices and reduce the risk for preventable oral disease.

A dental home should be able to provide the following:

- ☐ An accurate risk assessment for oral diseases and conditions

- ☐ An individualized preventive dental health program based on risk assessment
- ☐ Anticipatory guidance about growth and development issues (e.g., teething; thumb, finger, or pacifier habits; feeding practices)
- ☐ A plan for emergency dental trauma management
- ☐ Information about proper care of teeth and oral soft tissues
- ☐ Information about proper nutrition and dietary practices
- ☐ Comprehensive oral health care in accordance with accepted guidelines and periodicity schedules for pediatric oral health
- ☐ Referrals to other dental specialists, such as endodontists, oral surgeons, orthodontists, and periodontists, when care cannot be provided directly within the dental home.

Dr. Jerry Caniglia  
CMDP Dental Consultant

## SEX, An Age Old Question: Who’s Responsibility Is It?

When it comes to teenage sexuality we usually look to the parents to have “the talk”, but children in foster care have no parents to perform this task. And, often CRS case managers and foster parents are reluctant to venture into this privileged domain. You, as a provider, however can be the one person that an adolescent (ages 12 to 18) could look to as someone who will be non-judgmental and who they can turn to when they have questions. If you will open the door, the questions will come. When you are doing a well child check on age appropriate adolescents, ask them if they are sexually active. Have they thought about family planning, birth control, unwanted pregnancies, abstinence and being tested for sexually transmitted diseases such as Chlamydia? There are many ways in which we can work to keep CMDP members healthy and safe, and this is one of them.

Will you open the door and be a resource for teens with questions that could affect their health and future? We trust that you will, and appreciate all you do for children in foster care.

## Billing PEDS Tool



To begin billing for the Developmental Screening using the PEDS (Parent Evaluation of Developmental Status) Tool, the provider must complete training at [www.azaap.org](http://www.azaap.org) under the PEDS heading. This will trigger AzAAP to alert AHCCCS and the AHCCCS Health Plans that you have completed the training. PEDS Tools can be completed on CMDP members, ages 0-8, who you feel would benefit from having the Tool done. There are over 5,000 CMDP members that are eligible for the PEDS Tool. Please remember that CMDP is not limiting the use of the tool to just NICU grads because we have such a fragile population of children who may have been neglected and who could benefit from the use of the tool.

## The Fussy Baby Program



The Fussy Baby Program is an affiliate of the Fussy Baby Network at Chicago's Erikson Institute <http://www.fussybabynetwork.org/> and is an expansion of our Birth to Five Helpline. Our Helpline is a state-wide resource which provides information and support for parents, caregivers and professionals with questions about young children. The addition of Fussy Baby adds another layer to Helpline services as the Erikson Institute Fussy Baby Network staff will provide planning, training and ongoing consultation for the Arizona program which collaborates with several other programs across the United States. The Fussy Baby team of professionals consists of an infant mental health clinician, a developmental pediatrician, a nurse and an occupational therapist.

The goal of the program is to enhance the competence and confidence of parents and caregivers who experience the stress of excessive infant crying. Additionally, the program provides intervention services when other risk-factors are involved, such as adult mental health issues or developmental de-

lays in the baby. The program will provide telephone and home visiting support to help families navigate challenges associated with hard to soothe infants.

Callers to the Fussy Baby program will use the same phone number as the Helpline (1-877-705-KIDS). In addition to telephone support for urgent concerns about their baby's behavior, a unique aspect of the program is that all callers in Maricopa County will be offered home visiting services, which can continue for up to one year and may include consultation with other professionals. The Fussy Baby program has found that home visits allow staff to better assess the situation and communicate more effectively with families.

## Hospital Picture Boards Break Language Barriers

With more ill and injured people unable to speak English, hospitals, clinics and rescue squads are turning to picture boards to bridge the communication gap with easily understood images.

The large, double-sided panels let patients point to icons showing their problem — such as pain, a burn, breathing trouble or a fall — as well as the part of the body that is affected. They also can point to their native language in a list so an appropriate interpreter can be located.

Use of the panels is likely to spread under a new U.S. Department of Health and Human Services program aimed at helping hospitals to determine their patients' communication needs and to find tools to meet those needs. At least nine state hospital associations have signed on: New Jersey, New York, Pennsylvania, Kentucky, Missouri, Oklahoma, Rhode Island, Utah and Washington.

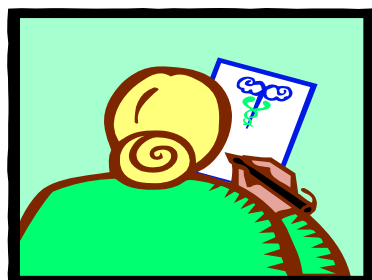
Hospitals are required by federal law to provide interpreters as needed for patients, so they generally subscribe to commercial services provided by telephone or, as New Jersey hospitals are now doing, train bilingual staff members.

The boards also are helpful for patients who are deaf, hard of hearing or mute, or who cannot speak because they have had a stroke or have a breathing tube down their throat.

According to the American Hospital Association, up to 23 million U.S. residents have limited English proficiency, and a recent survey found 48 percent of hospitals encounter patients with limited English skills daily.

For more information link on to <http://www.msnbc.msn.com/id/20588960/>.

## Adolescent MMR Compliance



A recent review of our AHCCCS immunization compliance rates shows that we, CMDP and you, our providers, have not been as diligent as we could be in making sure our adolescent population (ages 12 to 18) has received their second MMR. We have and continue to make sure that our children under 12 are fully immunized but we sometimes forget when we are doing well child checks to check the immunizations of the teenagers. Please remember when you are doing well child checks on adolescents to make sure they are fully immunized as well. Thank you for partnering with CMDP to make sure that all of our children, regardless of age, are up to date on their immunizations. And don't forget, record all immunizations in the ASIIS system!



# Special Care for the Substance-Exposed Newborn

## What to expect when caring for Substance-Exposed Newborn (SEN):

*Not all infants/children exposed to drugs will have problems.* There are several myths associated with Substance-Exposed Newborns. The labels of “ice babies” or “meth babies” are inaccurate due to lack of scientific evidence to support these labels. There is also a lack of evidence to justify the term “meth addicted baby”, as addiction is a technical term that refers to compulsive behavior in spite of harmful consequences and by definition, babies cannot be “addicted” to anything.

*The effects of drugs on infants/children will depend upon the amount of drug used during pregnancy and how long the drug was used during the pregnancy.* The drug exposed infant may be at risk for problems later in life, such as speech delay, attention deficit hyperactivity disorder and behavioral problems that may not be clinically present until the child is over age two or even school age.

*Some of the symptoms that drug-exposed infants and children exhibit are not exclusive to drug exposed infants/children and may be observed when there has not been exposure.* A detailed history of drug/alcohol used during pregnancy, in addition to stressors and environmental effects is the key to the diagnosis.

## Common Symptoms and Suggested Care Plans:

### Comfort Measures:

- Allow the baby to rest in between feeds & diaper changes
- Don't over stimulate or handle the baby excessively
- Avoid overstimulation by siblings and family members
- Establish a sleep & wake routine. This will help keep the baby calm
- Keep a consistent & stable environment
- Coordinate all care (diaper changes, feedings, etc.) after the infant wakes
- Keep the baby tightly swaddled in a blanket for comfort

### Feeding:

- Give the baby small, frequent feeds
- You may need to try different nipples, if the baby doesn't feed well
- Offer a pacifier to satisfy the baby's sucking reflex. Not all sucking indicates hunger
- Discuss optimal calorie needs with the baby's Pediatrician
- You may need to wake infant every 4 hours, if they are not meeting proper calorie needs
- Consider a referral for feeding evaluation

### For Irritability and Sleeping Difficulties:

- Don't allow the baby to become frantic
- Control and structure environmental stimuli – keep the room dark and calm, without loud noises
- Swaddle the baby in a flexed (bent slightly at waist & knees) position

- Vertical rocking with an up & down motion is more calming than horizontal – side-to-side rocking
- Avoid eye contact, wearing eyeglasses, large earrings, full hair, etc. These things may over stimulate the baby
- Keep the baby at arm's length, when holding
- Give a pacifier to help with sucking reflex

### Muscle Tone and Posture:

- Do gentle movement of the arms & legs
- A massage may help the baby relax
- Be sure to use supportive positioning for baby. Keep in secure setting without a great deal of excessive movement
- Be sure the baby spends time on their tummy during the day-time. You must supervise the baby when in this position, as the substance-exposed baby is at greater risk of Sudden Infant Death Syndrome (SIDS). Tummy time helps the baby develop good head support, trunk support, and explore their environment. In addition, it avoids excessive flattening of their head.
- No walkers. Walkers are not only dangerous, but they position infants/toddlers in unnatural postures. These unnatural positions may delay normal development.
- Consider the baby may need an OT or PT evaluation

### SIDS Prevention:

- The American Academy of Pediatrics *Back to Sleep Program* states - Always have infants sleep on their back, unless they are having supervised tummy time
- Avoid overheating – Dress the infant appropriately. Do not over bundle, but rather keep the baby in appropriate dress & blankets for the temperature
- Avoid second hand smoke exposure
- Keep the baby off of soft surfaces, pillows, blankets, mattresses. This increases the risk of SIDS

### Developmental Interventions:

- Consider a referral to the Arizona Early Intervention Program (AzEIP) for infants/toddlers 0–3 years of age
- Enroll the toddler in an Early Head Start & Head Start program
- Read to and interact verbally on a daily basis with the baby
- Consider a speech referral – if early vocalizations are not present or the infant has a speech delay
- Consider a hearing evaluation if the infant does not appear to hear or respond to your voice. All infants should be screened for hearing loss at birth.

# NPI ALERT!!!!

Providers who submit claims to CMDP can now submit their NPI number to the CMDP Provider Services Department. To submit the NPI number, providers can mail or fax a copy of their NPI notification to:

Comprehensive Medical and Dental Program  
Attention: Provider Services  
4000 N. Central Avenue, 22<sup>nd</sup> Floor  
Phoenix, AZ 85038  
Fax: 602-264-3801

CMDP will accept both the AHCCCS ID and/or the NPI until December 31, 2007

**Effective January 1, 2008 claims without an  
National Provider Identifier (NPI)  
will be denied.**

## Foster Parent Payment Request

## CMS 1500

**Do Not Request Payment from or Bill Foster Caregivers for  
Services Rendered to CMDP Members!**

**No Collection Action Against Foster Caregivers!**

**In accordance with Arizona Administrative Code  
R6-5-6006,**

CMDP Foster Caregivers and CMDP Members are not responsible for any medical and dental bills incurred. Please note that requesting payment from, sending a bill to, or initiating collection against a foster caregiver or member is prohibited, and is in violation of Federal and State Laws.

**Additionally, civil penalties may be assessed if a provider continues billing or collection action towards a CMDP Foster Caregiver or a CMDP Member for charges.**

If you are a provider in need of the CMS 1500 form they can be ordered through:

**Medical Arts Press**

Phone # 1-800-328-2179

Fax # 1-800-328-023

Web Site: [www.medicalartspress.com](http://www.medicalartspress.com)



## Two Quick Ways to Verify CMDP Eligibility

You can now check CMDP eligibility on line at the CMDP Website [www.azdes.gov/dcyf/cmdpe](http://www.azdes.gov/dcyf/cmdpe).  
Once you have clicked into the website:

Click Provider Services (Left side of screen)  
Click Member Lookup (Left side of screen)

Once you have selected Member Lookup follow the step-by-step directions.

You will need the Member's CMDP ID number, your AHCCCS Provider ID number and the Dates of Service you are verifying eligibility.

You can also verify eligibility via e-mail. You will receive a prompt response

**Member Services e-mail addresses:**

**MariaVillanueva@azdes.gov**

**LMoore@azdes.gov**

**RosemaryCelaya@azdes.gov**

## RBHA for Maricopa County: Magellan

On September 1, 2007 the RBHA for Maricopa County changed from ValueOptions to Magellan. Magellan is keeping the same ValueOptions phone lines:

- Customer Service/Access Line, 1-800-564-5465  
TTY 602-914-5809
- Behavioral Health Crisis Line, 602-222-9444  
Toll Free Crisis 1-800-631-1314  
TTY 602-274-3360

**Magellan fax line:** 888-290-1285 or 866-892-5023

For more information on mental health and children in foster care, or for assistance completing RBHA referrals contact the Behavioral Health Coordinators in the CMDP Medical Services Unit at 602-351-2245 or 1-800-201-1795.

**CMDP Contacts:**  
**(602) 351-2245    (800) 201-1795**

**“Web Corner”**

### MEMBER SERVICES:

To verify a member's eligibility, choose any of these options:

**\*\*Please have member's name, date of birth, date of service & ID #.**

CMDP offers our providers eligibility verification via

- Phone (602) 351-2245, (800) 201-1795
- FAX (602) 264-3801
- Internet Website: [www.azdes.gov/dcyf/cmdpe](http://www.azdes.gov/dcyf/cmdpe)

Phone: Option 1 for English, Option 2 –if you are calling from a provider's office, then Option 1

### PROVIDER SERVICES:

Option 1, Option 2, then Option 3

For all your concerns, Provider Services will assist you or direct you to the appropriate department.

### CLAIMS:

Option 1, Option 2 then Option 2

For verification of claim status, please select the options listed above for a claims representative.

### CLAIMS MAILING ADDRESS:

CMDP 942-C, PO BOX 29202, PHOENIX, AZ 85038-9202

### MEDICAL SERVICES:

Option 1, Option 2 then :

Hospitalizations.....Option 7

Prior Authorizations:

Medical.....Option 5

Dental.....Option 4

Pharmacy.....Option 8

Behavioral Health...Option 6

Please contact Medical Services with any questions regarding the medical needs of our members.

The following is a list of websites we recommend to assist your office. If there are any other websites you wish to add and share with other providers please contact Provider Services and we will add them to our next newsletter.

CMDP's Website: [www.azdes.gov/dcyf/cmdpe](http://www.azdes.gov/dcyf/cmdpe)

Your location for an updated:

- Provider Manual
- Newsletters
- Member Handbook
- Preferred Medication List (PML)
- Forms
- Provider Directory
- Member Eligibility Verification
- Claims Status

### UPDATED FEE SCHEDULE, AHCCCS

**Provider Manual**, EPSDT forms and more available at:

[www.azahcccs.gov](http://www.azahcccs.gov)

**CHILDREN'S REHABILITATIVE SERVICES (CRS)**, information and referral forms: [www.hs.state.az.us/phs/ocshcn/crs/index.htm](http://www.hs.state.az.us/phs/ocshcn/crs/index.htm)

**VACCINES FOR CHILDREN (VFC) Program:** [www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm](http://www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm)

**Every Child by Two Immunizations:** [www.ecbt.org](http://www.ecbt.org)

**ASIIS and TAPI:** [www.whymmunize.org/us.htm](http://www.whymmunize.org/us.htm)

**American Academy of Pediatrics:** [www.aap.org](http://www.aap.org)

**Equal Opportunity Employer/Program. This document available in alternative formats by contacting Provider Services.**



